

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/06/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: PA0754

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Cornerstone of Beaver County

b. Employer/Taxpayer Identification Number (EIN/TIN): 81-2519152

	c. Organizational DUNS:	033987958	PLUS 4	
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d. Address

Street 1: 1217 7th Avenue

Street 2: 2nd Floor

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip / Postal Code: 15010

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Ashley

Middle Name:

Last Name: McLaughlin

Suffix:

Title: Compliance Coordinator

Organizational Affiliation: The Cornerstone of Beaver County

Telephone Number: (724) 846-6400

Applicant: The Cornerstone of Beaver County

033987958

Project: 2018 CoC Coordinated Entry

165963

Extension: 12

Fax Number: (724) 846-6406

Email: amclaughlin@cornerstonebeaver.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Pennsylvania
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: 2018 CoC Coordinated Entry

16. Congressional District(s):

a. Applicant: PA-012
(for multiple selections hold CTRL key)

b. Project: PA-012
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/06/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Cornerstone of Beaver County

Prefix: Ms.

First Name: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Organizational Affiliation: The Cornerstone of Beaver County

Telephone Number: (724) 846-6400

Extension: 13

Email: mtimpano@cornerstonebeaver.org

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip/Postal Code: 15010

2. Employer ID Number (EIN): 81-2519152

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$33,725.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: 2018 CoC Coordinated Entry 1217 7th Avenue
Beaver Falls Pennsylvania

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Marie Timpano, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/02/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Cornerstone of Beaver County

Program/Activity Receiving Federal Grant CoC Program

Funding:

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Marie

Middle Name

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/06/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: The Cornerstone of Beaver County

Name / Title of Authorized Official: Marie Timpano, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/06/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: The Cornerstone of Beaver County

Street 1: 1217 7th Avenue

Street 2: 2nd Floor

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip / Postal Code: 15010

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/06/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** PA0754

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: PA-603 - Beaver County CoC

2b. CoC Collaborative Applicant Name: County of Beaver

3. Project Name: 2018 CoC Coordinated Entry

4. Project Status: Standard

5. Component Type: SSO

**6. Does this project use one or more
properties that have been conveyed through
the Title V process?** No

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This renewal will continue to enhance our CoC's process of Coordinated Entry(CE). The grant supports the Coordinated Entry Intake Worker position at The Cornerstone of Beaver County, which is responsible for quickly rehousing households who are experiencing a housing crisis. This work is completed by:- Using a standardized assessment tool to determine the appropriate level of housing and services needed to stabilize the household's housing crisis. The assessment tool also identifies and prioritizes households based on the most and longest periods of homelessness. Prioritization is also given to chronically homeless households, families, youth headed households, veterans, and applicants with significant barriers. - Delivering CE services throughout Beaver County. The Cornerstone of Beaver County is currently implementing a one specific access point approach for CE. The Coordinated Entry Intake Worker position is mobile so CE services can be rendered in any location in the county at any needed time.

- Having broad knowledge of our CoC housing and supportive services partners throughout the county so that timely and comprehensive referrals can be made. Ex: to SSVF, ESG, HAP, and CoC funded housing programs. Further, having a broad referral list allows for households to choose the services and programs with which they are most comfortable. The Coordinated Entry Intake worker will also work with the households to assure they have a safe night time residence by arranging emergency shelter options as needed. Clients may also be referred to other organizations based on the need determined during the screening. These include but are not limited to mental health, drug and alcohol and local food banks.- Following applicants to ensure that the household successfully engaged with the referral and to monitor for stable and permanent housing outcomes.- Communicating service gaps to the CoC Coordinator and contributing to problem solving the identified gaps.

The Coordinated Entry Intake Worker has also played a significant role in the CoC's efforts to fully develop the CE process. The standardized assessment tool that assesses for need, prioritization, and screens for the appropriate level of housing and service supports has continued to be reviewed and improved with the help of this position. The Coordinated Entry Intake Worker also works with the CE Development subcommittee to continue to address issues that arise within this new system. The Homeless Hotline coordinates access to emergency services during the night and then make the appropriate referral to CE. CoC Program support is needed for this program because it: - provides coordinated entry throughout the CoC - results in more fully utilized CoC resources- works in tandem with the CoC funded HMIS program. The Coordinated Entry process will reduce the days of homelessness and maximize the use of the CoC programs by ensuring that 80% of households are exiting to stable housing.

2. Does your project have a specific population focus?

No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The Coordinated Entry Intake Worker works out of The Cornerstone of Beaver County office, which is the CoC's homeless services hub. The Cornerstone of Beaver County is a 501c3 nonprofit that oversees the collaboration of homeless

and housing related service agencies including ESG, Supportive Services for Veteran Families, various utilities assistance, HAP, HMIS, a CoC funded PSH program, CoC Coordinator, and Fair Housing Officer. The Cornerstone of Beaver County sees an average of 375 clients each month come through the front door. This proves that the location is easily accessible to all. Coordinated Entry is included on all of The Cornerstone's materials – including information flyers distributed at resource fairs and posted at locations where homeless people tend to gather (soup kitchens, libraries, laundromats etc), on the Facebook page and on the Website. The Cornerstone is located on a bus line and is accessible for people with physical limitations. Interpreter services are also available on an as needed basis.

Further, the Coordinated Entry Intake Worker, monitors the housing lists for households who continue to remain homeless. Attempts to engage these households and address what barriers that are preventing them from accessing housing, thereby reaching those who otherwise would remain homeless. Other CoC projects can also make a referrals directly to Coordinated Entry. The entire Cornerstone staff also participate in street outreach attempting to bring the services of Coordinated Entry to those who may not otherwise seek assistance. The Coordinated Entry Intake Worker is also mobile. The position can visits soup kitchens, drop in centers, ES, and libraries. The clients can also be served in the community at locations the household chooses. By being present in the community in this way, the Coordinated Entry Intake worker also raises awareness about the Coordinated Entry process.

Finally as the CoC expands Coordinated Entry, the next phase will involve training other Cornerstone staff on the Coordinated Entry standardized tool. This will increase the number of staff who can respond to a household who needs Coordinated Entry throughout the county. By making Coordinated Entry available throughout the county, we expect to reach more homeless households as well as those who have complex barriers. This will increase the ease by which households can access these resources.

**4d. Does the coordinated entry process use a Yes
comprehensive, standardized assessment
process?**

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

- The Coordinated Entry Intake Worker conducts a standardized assessment including a screening tool for the appropriate level of housing support. The single point of access helps to ensure the standardized tool is being used for uniform decision making. Through the assessment process, both priority and level of housing supports are identified. Priority is based on length of homelessness, level of needs, and number of barriers as outlined in our Order of Priorities. The level of housing support is based on a series of scored questions about barriers and history of homelessness. The total score then indicates the level of housing support needed to establish stable housing. This tool not only identifies the right level of support for the household to most likely maintain stable housing, but it helps reserve more intensive supports for those with the most complex needs.
- The Coordinated Entry Intake Worker then discusses the service and housing recommendations with the household, answering any questions they may have.
- Based on unit/bed availability the Intake Worker then discusses with the household the various agency options within those categories that have

availability at the time.

- Ultimately, the household decides which services and agencies are the best fit for them.

- Then the Coordinated Entry Intake Worker makes the referral to the appropriate housing list. Should an agency not be able to take the referral, they are expected to provide clear reasons for the rejection. The Coordinated Entry Intake Worker will document the denial reason and monitor for a pattern of rejections. If a pattern is noted, the Coordinated Entry Worker will bring the issue to the Executive Director and CoC Coordinator for review.

The services and agencies that the Coordinated Entry Intake worker can refer to include CoC programs, ESG, and community resources including: PHA, private landlords, SSVF, subsidized landlords, food security resources, utility assistance, mainstream resources (such as SSA, Dept. of Human Services, Photo ID, Dept of Vital Records etc), medical and behavioral health providers, job training, non CoC-funded TH, ES, credit counseling, family and youth services, DV partners, education partners, senior services, local churches & charities, disaster response partners, and community advocates.

Through this coordinated referral service to our network of partners, we expect to continue to see:

- at least a 80% exit to stable housing rate
- decrease in number of days clients remain homeless

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No


3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$11,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,500

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Act 137	08/20/2018	\$11,500

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Act 137
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/20/2018

6. Value of Written Commitment: \$11,500

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$30,725
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$30,725
7. Admin (Up to 10%)	\$3,000
8. Total Assistance plus Admin Requested	\$33,725
9. Cash Match	\$11,500
10. In-Kind Match	\$0
11. Total Match	\$11,500
12. Total Budget	\$45,225

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Match Letter	08/02/2018
2) Other Attachmenbt	No	501c3 Letter	08/02/2018
3) Other Attachment	No		

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: 501c3 Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Marie Timpano

Date: 08/06/2018

Title: Executive Director

Applicant Organization: The Cornerstone of Beaver County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3A & 3B- Adjustment to the project detail as it is now under an agency (The Cornerstone of Beaver County)
6D- Adjustment to match details

7A- New attachments needed for agency.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page		Last Updated	
1A. SF-424 Application Type		08/02/2018	
1B. SF-424 Legal Applicant		No Input Required	
1C. SF-424 Application Details		No Input Required	
1D. SF-424 Congressional District(s)		08/06/2018	
1E. SF-424 Compliance		08/01/2018	
1F. SF-424 Declaration		08/02/2018	
1G. HUD-2880		08/02/2018	
1H. HUD-50070		08/02/2018	
1I. Cert. Lobbying		08/02/2018	
Renewal Project Application FY2018		Page 37	09/07/2018

1J. SF-LLL	08/02/2018
Recipient Performance	08/01/2018
Renewal Grant Consolidation	08/02/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/02/2018
3B. Description	08/06/2018
6A. Funding Request	08/01/2018
6D. Match	08/06/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/02/2018
7B. Certification	08/02/2018
Submission Without Changes	08/02/2018

COMMUNITY DEVELOPMENT PROGRAM OF BEAVER COUNTY



August 20, 2018

Board of Commissioners

Daniel C. Camp III, Chairman
Sandie Egley
Tony Amadio

RE: Letter of Match Commitment

COMMUNITY DEVELOPMENT
PROGRAM OF
BEAVER COUNTY

To Whom It May Concern:

1013 Eighth Avenue
Beaver Falls, PA 15010

The County of Beaver, through the Community Development Program of Beaver County, administers the Act 137 Housing Trust Fund Program. Through this program, the County has allocated the following from its 2018 budget as match for the **2018 CoC Coordinated Entry** application to support the cost of staff associated to the project:

724-770-2040
800-339-0984
724-847-3861 FAX

\$11,500 – Act 137, available through the grant contract period.

If you have questions, please contact Cathy Smith of this office at 724-770-2044.

Sincerely,

Lisa E. Signore

Director

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 27 2016

THE CORNERSTONE OF BEAVER COUNTY
1217 SVENETH AVE 2ND FLR
BEAVER FALLS, PA 15010-4427

Employer Identification Number:
81-2519152
DLN:
17053208376016
Contact Person:
REGINA M PARKER ID# 31274
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 11, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.